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APPLICATION NUMBER

FILING OR 371 (c) DATE

FIRST NAMED APPLICANT

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10/619,898

07/14/2003

Rune Robert, Isak, Erik Frants

2183-7940-1US

24247 TRASK BRITT P.O. BOX 2550 SALT LAKE CITY, UT 84110

CONFIRMATION NO. 7453 *OC000000020746037*

Date Mailed: 10/06/2006

NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 09/14/2006.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

PTOSS (703) 305-0677 EXT 146

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| | Note Options Contac | tt Matters | |
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| •egg b/3/2006: Pre: Statement under 37 Cre: 3.730.pbt •€6 8/3/2006: Email transmitting Restriction Requirement to client | 7/26/2007 9:37:49 AM | BV Notes | 4 |
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| NO 3/6/2006: AMENDMENT (10 PAGES): INFORMATION DISCLOSURE | should receive another of | ice action soon | 174 45300 |
| 9/5/2006: PF Information Disclosure Statement (no fee) | | | |
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| 3/8/2006: RECEIVED LETTER FROM VEREENIGDE ENCLOSING A POA AND | | | |
| ♠ 9/11/2006: Postcard - Application - 1st Class ♠ 9/11/2006: RECEIVED FAXED LETTER FROM VEREENIGDE ENCLOSING ■ 9/11/2006: RECEIVED FAXED F | 3. | | 1 |
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| 7/17/2007: RECEIVED OFFICE COMMUNICATION ENCLOSING INFOMALITY | | | |
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| 8/17/2007: S - Deadline to respond to informality regarding payment of fee | | | |
| 10/26/2007; R - Have we received an office action United States Patent | | | |
| 11/2/2007; Called USPTO left message for Examiner Chen 571-272-3789 | | | |
| 11/9/2007: Called USPT00 left message for Examiner Chen 571-272-0726 | | | |
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| 10/619 898 07/14/2003 | Rune Robert, Isak, Erik Frants | VEOC.003.02US | |

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MONTEREY, CA 93942-1898

CONFIRMATION NO. 7453

Date Mailed: 10/06/2006

NOTICE REGARDING CHANGE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 09/14/2006.

| The Power of Attorney to you in this application has been revoked by the assignee who has intervened as provided by 37 CFR 3.71. Future correspondence will be mailed to the new address of record(37 CFR 1.33). | | | | | |
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